

Coon Rapids, MN 55433-3761 Phone: 763-767-6432 Fax: 763-767-6531 http://www.coonrapidsmn.gov

#### **Application Checklist**

Submit completed items below to:

Office of the City Clerk Attn: Deputy City Clerk 11155 Robinson Drive Coon Rapids, MN 55433

### 2020 License Application

Guidelines and Checklist

License Type:
<b>DEFINITIONS:</b> (see City Code 5-1500 for full definitions) A "Mobile Food Unit" is hereby defined to be any food and/or beverage service establishment that is a vehicle mounted unit, either motorized or trailered.
Business Owner Checklist:
1. License Application (Form #1)
2. Location /Temporary Sign Info (Form #2)
3. Property Owner Permission From (Form #3)
4. Minnesota Workers' Compensation Liability (Form #4)
5. Copy of current valid Food License from Anoka County (763-324-4260).
6. License Fee for each Food Truck:  Per Day: State 1 (2020) Per Week: Per Year (21 days or fewer): Per Year (more than 21 days): State 2 (2020) *Requires proof of Full Food Trailer License through Anoka County
<ul> <li>Your License Application: <ul> <li>Incomplete and/or illegible applications will be returned.</li> <li>All applications must be signed by an owner, partner, or principal.</li> <li>Licenses are not transferable.</li> <li>Make a duplicate copy of this packet for your personal records before submitting.</li> <li>Minnesota Sales Tax ID (651) 296-6181</li> <li>Federal Tax ID/Employer Identification Number (651) 312-8082</li> <li>Multiple licenses must be filed individually and may not be combined.</li> <li>Applications process within 7 business days</li> </ul> </li> </ul>

### Have you held a Coon Rapids Food Truck License previously?

• Please contact our office at <a href="mailto:clerk@coonrapidsmn.gov">clerk@coonrapidsmn.gov</a> and ask for a Renewal Application instead of completing this application.



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### **Form #1**

### **License Application**

		Foo	d Truck Busines	s In	formation:	
Complete Leg	al Bu	siness Name:				
Food Truck Name/Doing Business as						
Name (if different		_				
MN Business	Tax I				Federal Tax ID#:	
Address of	f	Street:				
Business:		City:				
Zusmess.		State:			Zip:	
Description of	f the I	Food You Offer:				
Describe type						
advertising to	be do	one:				
		Foo	od Truck Vehicle	e Inf	formation:	
Vehicle Licen	se Pla	ate #:				
State of Issuar	nce:					
License Year:						
Color of Vehi	cle:					
Make / Model	of V	ehicle:				
Vehicle Insura	ance (	Company:				
Policy Number	er:					
Date of Insura	ince (	Coverage:				
		0	Owner Personal I	nfor	rmation:	
First Name:					Middle Name:	
Last Name:						
Email Addres	s:					
Permanent	Stree	et:				
Home	City					
Address:	State	<b>:</b>		Zip	):	
Social Security #						
Cell Phone #:			Bu	siness Phone #:		
☐ Yes ☐ No Have you or your business violated any provisions in the Coon Rapids City Code during the last two years? If yes, please explain:						



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## **Form #1**

Licensed Location Information:		
☐ I understand that I am required to hold a City of Coon Rapids issued Mobile Food Truck License for <u>each</u>		
<u>location</u> my food truck occupies (unless otherwise stated by City Code).		
I understand that I am required to submit <u>Form #2 of the application</u> for <u>each</u> location, including a map/drawing showing the placement of the food truck at the property with details indicating distances from roadways, access points, other structures, parking, and temporary signs or permanent signs.)		
I also understand that I must obtain written permission (Form #3 of the application) from the property owner of each location. By signing this form, they give you permission to use the premises, agree to reimburse any costs incurred by the City as a result of clean-up, and also agree to be responsible for the assessment of those costs against the property if incurred.		
The following is a list of locations that I plan to occupy with my food truck and wish to be licensed for (add additional pages if needed):		
1. Name of Business Location:		
The Address is:		
The following forms are attached for this location:   Form #2 & Form #3		
2. Name of Business Location:		
The Address is:		
The following forms are attached for this location:   Form #2 & Form #3		
3. Name of Business Location:		
The Address is:		
The following forms are attached for this location: Form #2 & Form #3		
The Address is: The following forms are attached for this location:		
5. Name of Business Location:		
The Address is:  The following forms are attached for this location:  Form #2 & Form #3		
Hours of Operation:		
I understand that City Code 5-1519 states that food trucks can only operate between the hours of 9:00 a.m. and 10:00 p.m.		
Zoning Restrictions of Property to be Occupied:		
☐ I understand that there are zoning restrictions that will prohibit food trucks from occupying certain properties (Certain zoning may require approval of a Conditional Use Permit (CUP) or Planned Unit Development (PUD) from the Planning Commission. Please call 763-767-6430 for verification		



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### **Form #1**

Date:Signature:
I have read and understand the Tennessen Warning and certify that the statements in this application are true and correct to the best of my knowledge.
<b>TENNESSEN WARNING</b> The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. The data will constitute a public record if and when the license is granted.
I have read the applicable City Code and will strictly comply with all the provisions. I hereby swear that the foregoing statements are true and correct to the best of my knowledge.
ordinances are posted for Council consideration. To receive Coon Rapids ordinance updates, go to <a href="https://www.coonrapidsmn.gov">www.coonrapidsmn.gov</a> and click on <b>NotifyMe</b> . Then click the envelope icon to subscribe to the list titled "City Proposed Ordinance Changes".



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### Form #2

### **Location of Mobile Food Truck Doing Business from Fixed Location**

☐ I understand my mobile food unit/food truck doing business from a fixed location must observe to the following requirements:

- Food trucks may not operate in any location where the operations might reasonably endanger the public safety or impede or inconvenience the
  public.
- Food trucks must be located on a paved surface at the fixed location.
- Food trucks must be parked off the public street and on a paved surface.
- Customer parking must be on a paved surface.
- Food trucks must not interfere with designated fire lanes or access to other businesses.
- No landscaped area or bufferyard may be used for parking or for the storage or display of merchandise.
- No location within an existing parking lot shall reduce the number of parking spaces.
- All structures, vehicles, stands, fixtures, displays and signs must be removed from the site within 24 hours after the expiration of the license.
- Any articles not claimed within 30 days may be destroyed or disposed of at the discretion of the City. Any costs associated with this may be
  assessed against the property owner in the same manner as a special assessment.

You are required to submit a drawing or a map showing the details of your food truck occupying space at the property. The details should include

Food trucks may not operate at the same property for more than 21 days per calendar year.

dimensions and distances from adjoining roadways, parking, access points, fire lanes, pedestrian lanes, other structures, circulation lanes, perma temporary signs and any other features.	anent and
☐ Attached is a map of the premises and temporary signs where food truck will be located	
(OR)	
A drawing of the premises and temporary signs where food truck will be located is in the space below	

I understand that I am allowed one ground sign per location without a temporary signs permit. But all others require a permit from the Community
Development Department and I am responsible for contacting them at 763-767-6430 to obtain the permit. I also understand that the following
requirements are to be followed with temporary signs:

- Diagram showing size and location of temporary sign
- May not exceed 32 square feet in area
- May not be located in public right of way (including street median)
- Must be set back one foot from public sidewalk or 18 feet from curb and 10 feet from property lines
- Signs may not be fastened to trees or utility poles
- Advertising upon or against any structure is subject to maximum sign area authorized.

I have read and understand the above information.

**Date** Signature



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**Form #3** 

### WRITTEN PERMISSION OF PROPERTY OWNER

Written permission from the property owner for use of the premises must be obtained before a license will be issued.

Address		Telephone Number
Date	Printed Name	Signature
	•	nit/Food Truck displays a temporary sign are 60) days per calendar year for the property.
_	hose costs against the proper	• •
		a result of clean-up or be responsible for
to		
located at		, and give permission
I,		, certify that I am the owner of property



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### Form #4

# MINNESOTA WORKERS' COMPENSATION LIABILITY CERTIFICATE OF COMPLIANCE

Minnesota Statute, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Chapter 176.181. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their files.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

<u> </u>		
Insurance Co		
		nsurance agent.
Telephone N		
Policy Numb		
		Note: If not continuous, dates of
i.e., January 1		d EXACTLY with the license period;
i.e., January 1	- Decembe	T 31.
		(OR)
I am not requ	ired to hav	ve workers' compensation liability coverage because:
	no emplo	· · · · · · · · · · · · · · · · · · ·
	-	d (include permit to self-insure).
		byees who are covered by the worker's compensation law (these include:
		, Children and certain farm employees).
Броиз	e, r arents,	
TT 3.T		Personal Information:
First Name:		
Middle Nam	ie:	
Last Name:		
		Doing Business As:
Name:		
	Street:	
Address of	City:	
Business:	State:	
	Zip:	
Phone Numb	per:	
		nation provided above is accurate and complete and that a valid worker's will be kept in effect at all times as required by law.
Date:		Signature: